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SUBCOMMITTEE ON ENVIRONMENT & CLIMATE CHANGE

SUBCOMMITTEE ON HEALTH

President Donald J. Trump
The White House
1600 Pennsylvania Avenue NW
Washington D.C., 20500

CC: Department of Defense Secretary Esper
CC: Department of Health and Human Services Secretary Azar

March 17, 2020

Dear President Trump,

I am writing today to inquire as to how you are marshalling Department of Defense (DOD) resources to contribute to broader whole-of-government efforts to address the continued spread of COVID-19, and the strain that spread will place on our health care system. As you know, DOD has a range of assets that can be utilized to help contain, treat, and ultimately prevent spread of the virus. I hope that you will proactively prepare and use these resources in support of civilian authorities, as appropriate, rather than wait for an escalating crisis to force your hand.

Due to scant information on the utilization of various DOD authorities, resources and capabilities in response to COVID-19, I write to highlight areas I believe might be particularly relevant to supporting a national response based on current authorities and past precedent. Given the severity and scope of this crisis, I believe it is necessary to engage all elements of our national power in formulating an effective homeland defense.

Specifically, I am curious as to whether and how your administration has readied or deployed the following assets:

1. Mobile Hospital Units and Supplemental Bed Capacity—During the Ebola crisis, USAFRICOM deployed Monrovia Mobile Unit hospitals to West Africa in support of Operation United Assistance. USNORTHCOM could deploy similar mobile units to localities where a critical bed shortage is identified by the Department of Health and Human Services (HHS). DOD could also review whether it has additional bed capacity at U.S. military installations around the country that could be used to supplement local civilian hospitals as appropriate.
2. Ventilators and Other Emergency Equipment—As a first step, DOD should review the national stockpile of ventilators and other appropriate medical equipment. The

Administration should also consider implementing the Defense Production Act to ramp up current production of personal protective equipment, ventilators and other essential items in short supply.

3. Vaccine Development—The U.S. Walter Reed Army Institute of Research maintains a global network of laboratories that could help research, develop, and test a COVID-19 vaccine. In addition, the U.S. Army Medical Research and Development Command should be actively included in vaccine research, development and testing.
4. Emergency Funds—Military funds have recently been drawn on, despite Congressional opposition, to support construction projects justified by a presidential emergency declaration. During the 2014-2015 Ebola response, excess Overseas Contingency Funds were used to support Operation United Assistance. DOD should identify for Congress now possible funding transfers that may be necessary to support the national response.
5. Army Corps of Engineers (ACE)—ACE funds, planners, and material could help with construction of hospitals and other needed facilities and infrastructure in hard-hit and/or low-capacity areas.

Thank you for your attention to these important questions.

Sincerely,

A handwritten signature in blue ink that reads "Lisa Blunt Rochester". The signature is fluid and cursive, with the first name "Lisa" being the most prominent.

LISA BLUNT ROCHESTER
Member of Congress